

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

FEB 8 1937

4299

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *5096*, *Minerva*)

Registration District No.....
Primary Registration District No.....

File No.....
Registered No. **1363**
St..... Ward.....

2. FULL NAME

Emma Gertrude Cavanagh
(a) Residence, No. *5096 Minerva* St. *6* Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *Wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 25, 1867*

7. AGE YEARS *69* MONTHS *5* DAYS *3* IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At home*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *St. Louis* (STATE OR COUNTRY) *Mo.*

MOTHER FATHER 13. NAME *Thomas M. Cavanagh*
14. BIRTHPLACE (CITY OR TOWN) *Ireland* (STATE OR COUNTRY) *Ir.*

MOTHER 15. MAIDEN NAME *Sarah Ruth Hope*
16. BIRTHPLACE (CITY OR TOWN) *Missouri* (STATE OR COUNTRY)

17. INFORMANT *Mary Casey* (ADDRESS) *5096 Minerva*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calgary Cem.* DATE *Feb. 1* 19*37*

19. UNDERTAKER *Chas. F. Stuart* (ADDRESS) *1225 Union Blvd.*

20. *Paul Brown* 19*37* REGISTRAR

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 28, 1937*

22. I HEREBY CERTIFY That I attended deceased from *Jan. 20*, 19*37*, to *Jan. 28*, 19*37*. I last saw her alive on *Jan. 25*, 19*37*. Death is said to have occurred on the date stated above, at *7:50 P.M.* The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset *20/37*

Other contributory causes of importance:
108
Bronchitis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify *G. C. Snooks* (Signed) *Paul Brown* (Address) *Paul Brown Bldg* M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

